The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005: A Perspective

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- Strengths of the Surgeon General's report :
 - Excellent framework; uses the ICF
 - Cross disability and cross age span
 - Emphasis on living with a disability rather than cure

Gaps

 Absence of overlay onto public health of rehabilitation professionals, e.g. PM&R and Physiatrists, PTs, OTs, Audiologists, Speech Pathologists. Rehab Engineers, Architects, Computer Scientists

- Use the WHO/World Bank World Report which recognizes the need for both Health and Rehab and notes the importance of accessibility professionals
- Infrastructure and R&D coordination
 - Translation to community-based programs
- Compilation of best practices in Rehab, in Public Health
 - Address the problem of small "n's" in rehab; are Clinical Trials possible and if not, what?
- Transfer of accessibility expertise from Rehab and the Disability Movement to Public Health

- Add telerehabilitation/teleheatlh
 - Research the relationship between rehab or public health clinicians and Health Information Management (electronic health records)
 - Accessibility
- Provide a roadmap for adoption and implementation of the ICF in the U.S.

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- Include an evaluation plan
 - Threshold data on which to measure change
 - Outcome measures
 - Cost-effectiveness Research to identify effective interventions, especially community-based
- Add SES data
- Strengthen cultural factors and underserved populations

Background and Summary of the Surgeon General's Report

- Report is six years old
- Underlying principle:
 - With health and wellness, people with disabilities can work, learn and engage in community and family.
- Uses ICF framework
 - Recognizes the importance of health at the body, activity and participation levels
 - Recognizes accessibility barriers (environment)
 - Recognizes personal factors

Background and Summary

- Develops goals for action at the individual, social and environmental levels
 - Individual health management
 - Media and entertainment images and public attitudes
 - Accessible health facilities, including diagnostic equipment, exercise equipment....
- Report is cross disability (including age)
 - Emphasis on physical disabilities

Background and Summary

- Provides demographics and prevalence data but not SES
- Provides cost of disability data

Background and Summary

- Target audience is broad, "the Public":
 - People with disabilities and their associations
 - Service providers and their associations
 - Academia
 - Researchers
 - Policymakers
 - Media and entertainment industry
 - Private Sector
 - Community Leaders

Summary: Barriers

- Provides a roadmap to health and wellness and identifies a series of barriers illustrated by individual case studies
 - Attitudinal and stereotypes
 - Provider knowledge about people with disabilities
 - Cure-oriented
 - Lack knowledge about primary and secondary conditions

Summary

- Wellness promotion and screening activities
 - Exercise facilities are often inaccessible
 - Diagnostic equipment and/or health facility may be inaccessible
 - Information may be inaccessible to people who are blind or deaf
- Health care
 - Barriers include transportation

Summary: Vision for the Future

- (Re) names challenges and provides examples of strategies
 - General misperceptions and the use of peoplefirst language
 - Lack of health provider knowledge and the need to educate them about state-of-the art services, develop curricula, accessible medical equipment
 - Lack of self promotion of health and wellness and the development of training and support programs

Summary: Vision for the Future

 Problems with getting to service providers and the need to advance research on needs and community-based partnerships to secure transportation

Summary: Advancing the Call/Agenda

Outreach to:

- Health and wellness professionals
- Community leaders and influencers
- Media and entertainment
- Policy Makers and Administrators
- The Public
- Persons with Disabilities, Families and Advocates